RI SOS Filing Number: 201452440400 Date: 12/26/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
11832	Gorham & Gorham, Incorporated		
3. Principal office address: 25 Danielson Pike (PO Box 46)	City: North Scituate	State: RI	Zip: 02857
4. Business Phone No.: 401-647-1400	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Law Firm			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Nicholas Gorham			Vice-President Name: Dianne L. Izzo and David M. D'Agostino		
Street Address: 25 Danielson Pike (PO Box 46)			Street Address: 25 Danielson Pike (PO Box 46)		
City: North Scituate,	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857
Secretary Name: David M. D'Agostino			Treasurer Name: Jane G. Gurzenda		
Street Address: 25 Danielson Pike (PO Box 46)			Street Address: 25 Danielson Pike (PO Box 46)		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Nicholas Gorham			Director Name: Jane G. Gurzenda		
Street Address: 25 Danielson Pike (PO Box 46)			Street Address: 25 Danielson Pike (PO Box 46)		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

12-23-14
Signature of Authorized Representative — Date

Nicholas Gorham, President
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date: _____
Check No: _____
By: _____

FILED
DEC 26 2014
BY 18881

Form No. 630
Revised: 01/2012
115076-6-982674